PTO/SS/17 (10-08)
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Effective	Complete if Known						
Fees pursuant to the Consolidated you good your copy gag.	} ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Application Number 10/501,671-Conf. #9947		111. #5541	***************************************		
FEE TRANSMITTAL			Filing Date		June 28, 2005		
For FY 2009			First Named In	-	**************************************		
<u> </u>			Examiner Name S. R. Macauley		obbookaanokaanaanaanaanaanaanaa. L		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1651				
TOTAL AMOUNT OF PAYMENT (\$) 1,650.00			Attomey Dockst No. 2870-0486PUS1				
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of X Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity							
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	330	165 540	270	220	110		*****
Design	220	110 100	50	140	70		
Plant	220	110 330	165	170	85		
Reissue	330	165 540	270	650	325		
Provisional	220	110 0	0	0	0		
2, EXCESS CLAIM FEES						Small En	tity
Fee Description Fee							į)
Each claim over 20 (including Reissues)						52 26	
Each independent claim over 3 (including Reissues)						220 110	
Multiple dependent claims 390 195							5
Total Claims Extra	e Paid (\$) Multiple Dependent Claims						
20 - 20 or HP	0.00 <u>Fee (\$)</u> <u>Fee Paid (</u>						
HP = highest number of total claim			(4)	390	.00	0.60	
200			0.00				
3 -3 or HP = HP = highest number of independe	ent claims o	x 220.00 = aid for, if prester than 3.	0.00				
		aro isi, ii giaaria ara					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
	ra Sheets		additional 50 or fra		Fee (3)	Fee Paid (\$)	
- 100 ×		/50 =	(tonug nb to a wu	iole number) x	***************************************	Coor Daid (S)	
4. OTHER FEE(S) Fees Paid (S) No. Visualish Consideration 5120 for (no graph entity disposint)							
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): 1401 Notice of appeal 540.00 1253 Extension for response within third month 1110.00							
1253 Extension for response within third month 1,110.00							
SUBMITTED BY							
Signature // ////	11/2		Registration No.	28,977	Telephone	(703) 205-8000	
	A A Nembro	{-}-/-/}	(Attorney/Agent)		Date Nf	<u> </u>	
Name (Print/Type) Gerald M. Merphy, Jr/ // Date N() V \$ 5 CURS							
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